FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:33

DOCUMENT # 265671 (8)

1. Corporation Name
OCEAN HOUSE NORTH INC

Principal Place of Business	Mailing Address
6861 NORTH OCEAN BLVD OCEAN RIDGE FL 33445	6861 NORTH OCEAN BLVD OCEAN RIDGE FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1088074 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCRUTON, ROBERT T
6849 N OCEAN BLVD
OCEAN RIDGE, FL
33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/delivery)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ASAT	11 TITLE		☐ Change ☐ Addition
NAME	SCRUTON, ROBERT T	12 NAME		
STREET ADDRESS	6849 N OCEAN BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	EUGENE CURTIS	22 NAME		
STREET ADDRESS	6861 N OCEAN BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VD	☒ Change ☐ Addition
NAME	BAUER,DEAN	32 NAME	CONNETT, WILLIAM	
STREET ADDRESS	6861 N OCEAN BLVD	33 STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 00000	34 CITY-ST-ZIP	OCEAN RIDGE, FL 3343	
TITLE	DVP	41 TITLE	D	☒ Change ☐ Addition
NAME	RIDDER, BERNARD H	42 NAME		
STREET ADDRESS	6861 N OCEAN BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	44 CITY-ST-ZIP		
TITLE	DT	51 TITLE		☐ Change ☐ Addition
NAME	MCKAY, DEAN	52 NAME		
STREET ADDRESS	6861 N OCEAN BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	NAYLOR, JOHN	62 NAME		
STREET ADDRESS	6861 N. OCEAN BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____
Name and title and typed or printed name of individual
ROBERT T. SCRUTON, ASS'T SEC. & TREAS. Date 1/25/95 Daytime Phone # 407-737-6770

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